



**KENTUCKY SINGLE MEMBER LLC
INDIVIDUALLY OWNED INCOME
AND LLET RETURN**

2014

► See instructions.

Taxable period beginning _____, 201 __, and ending _____, 201 __.

B Check applicable box(es): LLET Receipts Method <input type="checkbox"/> Gross Receipts <input type="checkbox"/> Gross Profits <input type="checkbox"/> \$175 minimum Nonfiling Status Code Enter Code _____	C Federal Identification Number _____ Social Security Number _____				Taxable Year Ending ____ / ____ Mo. Yr.	
	Name of LLC					Kentucky Secretary of State Organization Number
	Name of Owner					
	Number and Street					
	City				State	ZIP Code
	Telephone Number				Principal Business Activity in KY	
D Check if applicable: <input type="checkbox"/> Qualified investment pass-through entity <input type="checkbox"/> Initial return <input type="checkbox"/> Final return (Complete Part IV) <input type="checkbox"/> Amended return (Complete Part V) <input type="checkbox"/> Change of name <input type="checkbox"/> Short-period return (Complete Part IV) <input type="checkbox"/> Change of address <input type="checkbox"/> Change of accounting period					NAICS Code Number (Relating to Kentucky Activity) (See www.census.gov)	
E Check applicable box: <input type="checkbox"/> Composite return (attach Schedule CP) <input type="checkbox"/> Single return						

PART I—KENTUCKY NET DISTRIBUTABLE INCOME				PART II—LLET COMPUTATION			
1. Ordinary income (loss).....	1		00	1. Schedule LLET, Section D, line 1...	1		00
2. Net income (loss) from rental real estate activities.....	2		00	2. Tax credit recapture.....	2		00
3. Net income (loss) from other rental activities.....	3		00	3. Total (add lines 1 and 2).....	3		00
4. Interest income.....	4		00	4. Nonrefundable LLET credit from Kentucky Schedule(s) K-1.....	4		00
5. Dividend income.....	5		00	5. Nonrefundable tax credits (attach Schedule TCS).....	5		00
6. Royalty income.....	6		00	6. LLET liability (greater of line 3 less lines 4 and 5 or \$175 minimum).....	6		00
7. Net short-term and long-term capital gain (loss). If net (loss), do not include more than (\$3,000).....	7		00	7. Estimated tax payments.....	7		00
8. Section 1231 net gain (loss).....	8		00	8. Certified rehabilitation tax credit..	8		00
9. Other income (attach schedule).....	9		00	9. Film industry tax credit.....	9		00
10. Other deductions (attach schedule)	10		00	10. Extension payment.....	10		00
11. Total net distributable income (lines 1 through 9 less line 10).....	11		00	11. Prior year's tax credit.....	11		00
12. Enter 100% or the apportionment fraction from Schedule A, Section I, line 12 (attach schedule).....	12		%	12. LLET due (line 6 less lines 7 through 11)	12		00
				13. LLET overpayment (lines 7 through 11 less line 6).....	13		00
				14. Credited to 2014 Interest.....	14		00
				15. Credited to 2014 Penalty.....	15		00
				16. Credited to 2015 LLET.....	16		00
				17. Amount to be refunded	17		00

► Federal Schedules C, E and F, and any other supporting federal forms and schedules must be attached.

TAX PAYMENT SUMMARY (Round to nearest dollar)		OFFICIAL USE ONLY	
LLET		P	
1. LLET due (Part II, line 12)	\$.00	W	
2. Interest	\$.00	2	
3. Penalty	\$.00	0	
4. Total Payment	\$.00	4	Make check payable to: Kentucky State Treasurer Mail return with payment to: Kentucky Dept. of Revenue Frankfort, Kentucky 40620
		V	
		A	
		L	
		#	



PART III – LLET CREDIT FOR MEMBER

1. LLET liability (Part II, the total of lines 4 and 6)	1		00
2. Minimum tax	2	175	00
3. Member's LLET credit (line 1 less line 2)	3		00

PART IV – EXPLANATION OF FINAL RETURN AND/OR SHORT-PERIOD RETURN

- | | |
|---|--|
| <input type="checkbox"/> Ceased operations in Kentucky | <input type="checkbox"/> Change in filing status |
| <input type="checkbox"/> Change of ownership | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Successor to previous business | <input type="checkbox"/> Other _____ |

PART V – EXPLANATION OF AMENDED RETURN CHANGES

Empty box for explanation of amended return changes.

I, the undersigned, declare under the penalties of perjury, that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.



 Signature of member (owner)

 SSN or FEIN

 Date

 Name of person or firm preparing return

 SSN, PTIN or FEIN

 Date

May the DOR discuss this return with the preparer?
 Yes No

Email Address:

Telephone No.:



SCHEDULE Q—SINGLE MEMBER LIMITED LIABILITY COMPANY QUESTIONNAIRE

IMPORTANT: Questions 4—10 must be completed by all single member limited liability companies (LLC). If this is the single member LLC's initial return or if the single member LLC did not file a return under the same name and same federal I.D. number for the preceding year, questions 1, 2 and 3 must be answered. **Failure to do so may result in a request for a delinquent return.**

1. Single member's (owner) name, address and Social Security number or federal I.D. number _____

2. List the following **Kentucky** account numbers. Enter N/A for any number not applicable.

Employer Withholding _____
 Sales and Use Tax Permit _____
 Consumer Use Tax _____
 Unemployment Insurance _____
 Coal Severance and/or Processing Tax _____

3. If a foreign limited liability company, enter the date qualified to do business in Kentucky. ___ / ___ / ___

4. The limited liability company's books are in care of: (name and address)

5. Are disregarded entities included in this return?
 Yes No

If yes, list name, address and federal I.D. number of the entity(ies).

6. (a) Was the limited liability company a partner in a pass-through entity doing business in Kentucky for the tax year being reported? Yes No

If yes, list name and federal I.D. of the pass-through entity(ies).

(b) Was the limited liability company doing business in Kentucky other than through its interest held in a pass-through entity doing business in Kentucky? Yes No

7. Is the entity filing this Kentucky tax return organized as a statutory trust or a series statutory trust as provided by KRS Chapter 386A? Yes No

If yes, is the entity filing this Kentucky tax return a series within a statutory trust? Yes No

If yes, enter the name, address and federal I.D. number of the statutory trust registered with the Kentucky Secretary of State: _____

8. Was this return prepared on: (a) cash basis, (b) accrual basis, (c) other _____

9. Did the limited liability company file a Kentucky tangible personal property tax return for January 1, 2015? Yes No

If yes, list the name and federal I.D. number of entity(ies) filing return(s): _____

10. Is the single member limited liability company currently under audit by the Internal Revenue Service? Yes No

If yes, enter years under audit _____

If the Internal Revenue Service has made final and unappealable adjustments to the LLC's taxable income which have not been reported to this department, check here and file an amended Form 725 for each year adjusted. Attach a copy of the final determination to each amended return.